



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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Bayer

STATE OF HAWAII
STATE ETHICS COMMISSION

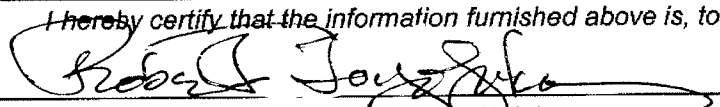
LOBBYIST REGISTRATION FORM

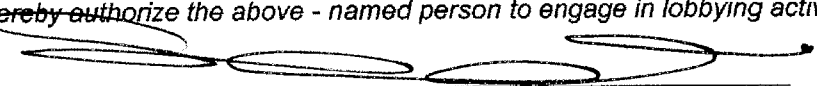
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	808-524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., # 902			808-524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BT Consulting, Inc. dba Advocates			same as above
MAILING ADDRESS (Street)			FAX
same as above			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Bayer HealthCare		803-812-3804
MAILING ADDRESS (Street)		FAX
400 Morgan Lane		203-812-6570
(City)	(State)	(Zip Code)
West Haven	CT	06516
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Derek Naten		916-447-1611
MAILING ADDRESS (Street)		FAX
1201 K. Street, # 1030		916-447-1661
(City)	(State)	(Zip Code)
Sacramento	CA	95814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (Indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	<u>January 11, 2007</u> (Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Sandra Oliver		Head of Public Policy and Government Affairs	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Bayer Healthcare		203-812-3804	
MAILING ADDRESS (Street)		FAX	
400 Morgan Lane		203-812-657	
(City)	(State)	(Zip Code)	
West Haven	CT	06516	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		<u>1/10/07</u> (Date)	